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TAKING PRIDE IN PREVENTION (TPIP) FUNDING & PROGRAM OVERVIEW

Taking Pride in Prevention (TPIP) is a comprehensive pregnancy prevention program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and incorporates the following 3 adulthood preparation subjects: 1) healthy relationships; 2) adolescent development; and 3) parent-child communication. The goal of TPIP is to reduce the rates of teen pregnancy, STIs, and HIV by delaying the initiation of sex or increasing condom/contraceptive use, as well as preparing young people for the successful transition to adulthood. This will be achieved by implementing programming that is strengths-based, promotes positive youth development, builds skills for dealing with peer pressure, and empowers young people to make informed decisions related to sexual health and pregnancy prevention.

Statutory Authority

The Personal Responsibility Education Program (PREP) is authorized and funded by Section 513 of the Social Security Act (42 U.S.C. § 713), as amended by Section 50503 of the Bipartisan Budget Act of 2018 (Pub. L. No. 115-123) extended by Division CC, Title III, Section 302 of the Consolidated Appropriations Act, 2021 (Pub. L. No. 116-260).

<u>Purpose</u>

The purpose of this program is to enable states to support PREP projects that replicate evidencebased, effective program models or substantially incorporate elements of effective programs that have been proven, on the basis of scientific research, to <u>change behavior</u>, <u>which means delaying</u> <u>sexual activity</u>, <u>increasing condom or contraceptive use for sexually active youth</u>, <u>reducing the</u> <u>number of partners</u>, <u>or reducing pregnancy among youth</u>.

Objectives

The overall objectives of all PREP programs are to:

- 1. design and implement programs to educate adolescents on both abstinence and contraception to prevent adolescent pregnancy and STIs
- 2. provide medically accurate, age-appropriate programming that is inclusive and culturally appropriate
- 3. use best practices to replicate evidence-based effective programs or incorporate elements of effective programs that are proven to change behaviors (to include delaying sexual activity or increasing condom and contraceptive use) and promote successful healthy transitions to adulthood through the implementation of APS
- 4. target youth between the ages of 10 and 19 who are at high-risk for becoming pregnant or who face special circumstances, including living in or aging out of foster care, being homeless, living with HIV/AIDS, being pregnant or a mother under 21 years of age, or residing in an area with high teen birth rates

Requirements

PREP funds must be used for a program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three of the following adulthood preparation subjects (APS):

- Adolescent Development
- Education and Career Success
- Financial Literacy

- Healthy Life Skills
- Healthy Relationships
- Parent-Child Communication

PREP funding is directed toward the development of comprehensive, adolescent pregnancy prevention programs that incorporate medically accurate approaches, while replicating evidencebased programs or elements of programs that have been demonstrated to change behavior. ACF encourages States to consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and how their programs will be inclusive of and non-stigmatizing toward such participants.

As appropriate, programs may provide teenage pregnancy prevention-related health care service referrals to other providers of health care services (*e.g.*, substance abuse, tobacco cessation, family planning, mental health issues, intimate partner violence), local public health and social service agencies, hospitals, voluntary agencies, and health or social services supported by other federal programs (*e.g.*, Medicaid, State Children's Health Insurance Program (SCHIP), Temporary Assistance for Needy Families) or state/local programs. While states may help youth find services they need and make referrals, such health services may not be paid for with PREP funds.

Target Populations

Grantees must serve youth populations that are the most high-risk or vulnerable for pregnancies or otherwise have special circumstances, including youth in or aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant youth who are under 21 years of age, mothers who are under 21 years of age, and youth residing in areas with relatively high teen birth rates compared to all youth within the state or territory. FYSB recognizes additional youth populations that are the most high-risk or vulnerable for pregnancies or otherwise have special circumstances, including culturally underrepresented youth populations such as Hispanic, African American, or Native American youth, systems-involved youth, rural youth, runaway/homeless youth, out of school youth, fathers who are under 21 years of age, and youth who are at risk of being or have been trafficked for commercial sexual exploitation.

PROGRAM IMPLEMENTATION SNAPSHOT

- Funding Approximately \$1.5 million awarded annually to MDHHS (since FY 2010)
- \$960,000 is awarded annually to grantee agencies
 - \$96,000/grantee
 - o 25% local match
- Subcontracts MPHI (evaluation), MOASH (training and TOP), PAFHK (TETO and parent engagement) and DMS (CASH Conference)
- Curricula Making Proud Choices, Michigan Model-Healthy & Responsible Relationships, and Teen Outreach Program (TOP)
- Adulthood Preparation Subjects (APS) Healthy Relationships, Adolescent Development and Parent-Child Communication
- Focus Areas Youth Programing, Parent Programming, Youth Advisory Council, and Community Advisory Council
- Target Population Youth 12-19 residing in geographical areas with high teen birth rates
- Minimum Numbers Served 77, 168, or 240 unduplicated youth, depending on the intensity of selected curriculum, must complete at least 75% of the program
- Evaluation Cohort data, participant data, Federal entry/exit surveys, and curriculum specific surveys, if applicable

PROGRAM CONTACT

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